



KATHERINE “MOLLY” HATCH SENIOR CENTER NEWSLETTER

Greetings to our beloved elders and seniors!

I want to introduce myself to some of you that may not know me. My name is Elishia Stewart, my mother is Mary Jackson, my grandmother was Rose Mary “Dolly” (Jones) Hill, my great grandparents were Carl and Cecelia Jones Sr., aka Ma and Pa Jones. I was raised by Vera Zackuse and Donald Brodersen and grew up on the Quil.

In this month's newsletter, you will find the birthday calendar, and the breakfast and lunch menus. On the lunch menu, you will see TBD (to be determined) on Tuesday and Thursday lunches. A company called Homage provides groceries for these meals. We do not get the confirmed list of Homage groceries until the end of the month for the following month's menu. We want to ensure that the listing on the menus are accurate. The deadline for this newsletter is mid-month. The deadline is to ensure it gets to you all before the new month starts.

Important Dates & Notices:

- Oct 14th - Senior Bingo (no transportation provided)
- Oct 17th - Semi-Annual General Council meeting at the new Gathering Hall
- COVID-19 Assistance Program Application
- Housing/Utilities Assistance Application.
 - Applications are included in this newsletter

We want to reach out to elders who wish to share their teachings, stories, and or display/share a craft. We are blessed to have so many elders, and we want to capture whatever you all are willing to share with the community. This will be in collaboration with the Media & Marketing (Communications) department. It is still in the planning phase. We will ensure that the interactions will not put anyone at risk regarding COVID. Any elder that wants to participate can call 360-716-4684 and leave your contact information, and we will be in touch.

If you need assistance in filling out paperwork (Absentee Ballot sent last week, COVID Assistance application or CARES Act Housing Application) or turning in paperwork, please call us at 360-716-4684 and leave a message with your phone number and Senior Center staff will be happy to assist you.

Best,
Elishia Stewart, Director

October 2020



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	1	2	3
				Robert Joseph Sr Steven Henry	Pauline Harvey-Joe Brian Bill Phillip Tom Tammy Taylor	Marie Zackuse Nina Osias
4 Chester Ashman Jr Lena Jones William Klump	5 Lavinia Contraro Jeffrey Hill	6 Judy Gobin Wayne Gonzales Sr Ada Johnson	7 Clarence Hatch Jr	8 Arthur Williams Jr	9 Steven Jones Sr Diana Albott	10 Michael McCoy Sr
11 Geraldine Bill Joyce Sotelo	12 Eleanor Nielsen Clyde Williams Jr	13	14 Grant Zufelt	15 Wicki Lamont Rainey Jack Sr Lisa Lyle	16 Lois Lyle	17 Mark Carpenter Michael Johnson Jeffery Lyle Sr
18 Diane James Martina Myers Jennifer Markishtum	19 Virginia Carpenter Gina Fryberg	20	21 Deborah Brown Debbie Jackson	22 Wayne Brown	23 Glen Gobin	24
25	26 Elaine Moses Dana Johnson	27 Don Carpenter	28	29 Jeanne Jones- McLean McCoy Edward Woodhead Lof Parks	30 Cynthia Hatch Richard Madison	31 Lavina Capenter

October 2020



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	1	2	3
				Bfast bits hashbrowns	Country fried steak potatoes boiled egg	
4	5	6	7	8	9	10
oatmeal fruit toast milk	blueberry pancake boiled egg sausage links	sausage egg cheese wrap potatoes granola bar	Bfast bits hashbrowns	strawberry pancake bacon		
11	12	13	14	15	16	17
Ham egg scramble potatoes toast	french toast sausage patty fresh fruit	pancake mixed berries bacon boiled egg	Bfast bits pizza fruit	potatoes sausage links poached egg toast		
18	19	20	21	22	23	24
Bisquites & gravy scrambled eggs sausage	oatmeal fruit toast cereal milk	ham egg cheese wrap poatoes toast	Bfast bits	hashbrowns bacon friend egg toast		
25	26	27	28	29	30	31
pancake hame slice fruit	sausage egg scramble hashbrowns toast	country fried steak potatoes fried egg	texas scramble	bisquits & gravy boiled egg sausage patty		

October 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	1	2	3
					Chowder frybread jello	
4	5	6	7	8	9	10
spanish rice	TBT	TBT	TBT	TBT	chicken salad garlic bread	
11	12	13	14	15	16	17
corn hamburger soup frybread	TBT	TBT	TBT	TBT	stew drop biscuits	
18	19	20	21	22	23	24
mac n Cheese smokies mixed veges chocolate nudden	TBT	TBT	TBT	TBT	fish mac salad beens fruit salad	
25	26	27	28	29	30	31
shimp alfredo garlic bread beans	TBT	TBT	TBT	TBT	roast potatoes gravy veg salad rolls b-	

TULALIP HEALTH SYSTEM TRANSPORTATION

SERVICES PROVIDED:

- **Transportation for all non-emergent medical appointments**
- **Transportation for Mental Health**
- **Transportation for Treatment Centers**

ELIGIBILITY REQUIREMENTS

Tulalip Tribal
Members

All
Transportation is
strictly within
Snohomish
county

CONTACT INFORMATION

OFFICE PHONE:
360-716-5662

DISPATCH:
360-722-1635

October 14th, 2020 Elder Bingo Information

No transportation provided, you must get there on your own

Session starts at 1pm – doors will open at 11am

Slots do not open until Noon

Deli Special – Lunch Menu (We will not be having breakfast at Bingo)

Country Fried Steak w/mashed potatoes, gravy & vegetable

Or there is a limited deli menu available –tickets will be \$12 and cover the Deli Special and a fountain drink

Bingo has a Temporary Game Schedule

12 Regular Games - \$200 \$6/6-on

(4) Extra Games @ \$2 each

1. DBL Action - \$250

2. Bonanza Blackout - \$250-\$750

3. Pick a Pet - \$200-\$500

4. Spade Blackout - \$200-\$1000

The Tulalip Pharmacy will also be having a Drive through Flu Clinic to give out annual Flu shots from 11am-1pm

WELCOME BACK!

AS YOU ENTER, BE PREPARED TO:

- **Present your valid ID**
- **Have a non-touch temperature check**
- **Wear your face mask as you enter, as they are required to be worn while inside the property**
- **Wash your hands frequently**
- **Use hand sanitizer**
- **Practice healthy six-foot social distancing**
- **No outside food or drinks allowed (strictly enforced)**



FIND ALL OF THE LATEST UPDATES AND INFORMATION ONLINE AT:

TULALIPBINGO.COM

**NOTICE OF COMMISSION ELECTION CANDIDATES
AND**

SEMI ANNUAL GENERAL COUNCIL

Saturday, October 17, 2020 Voting - 7:00AM to 1:00PM

Semi Annual - **10:00AM**

Gathering Hall

7512 Totem Beach Rd, Tulalip, Washington 98271

The qualified candidates receiving the highest number of votes will be elected to serve; Elders has 2 positions, 3 year terms; Fish has 2 positions, 3 year terms; Hunting has 2 positions, 3 year terms; Gaming has 2 positions, 3 year terms; Planning has 2 positions, 3 year terms; Police has 2 Positions, 2 year terms; TERO has 1 position, 3 year term. In the event of a tie(s), the election shall be determined by coin toss.

Elders(2)

Virginia Carpenter
Mary Watson

Fish (2)

Gerble Fryberg
Joseph Lawrence
Thomas W. Williams

Gaming (2)

John Thunderbird Campbell
Joleasa D. Jones-Charles
Santana Shopbell
Angela Tait

Hunting(2)

Mark W. Hatch

Planning(2)

Cherie Farris
Cyrus Hatch IV

Advisory

Police Board(2)

Leon T. Enick
Debra A. Muir

TERO (1)

Aaron Losik
Lukas Reyes Sr.

**Names written as Requested by Candidates.*

Absentee Ballots: Eligible voters may cast their vote through absentee ballot. A writing request is required in advance, using the **absentee ballot request form**; the request form must be submitted to the Election Committee in person by the eligible voter; with the exception of Power of Attorneys. If the Eligible voters is requesting their absentee ballot to be mailed at a different address other than their home address, a statement is required explaining why. The Election Committee's office is located at the Tribal Administration building on the second floor.

Once the Election Committee receives the signed absentee ballot request form, you cannot personally vote at the voting location on **10/17/20**.

Absentee ballot DEADLINE is DUE Friday, October 16, 2020 at 4:00 p.m. in the designated mailbox; located at the UPS store 8825 34th Ave N STE L-161 (Quil Ceda Plaza). Due to time constraints absentee ballots may be hand delivered to the UPS store to ensure your vote counts by the deadline.

Due to FedEx limitations, the Election Committee can only send out absentee ballots seven days prior to the election date. If you have questions, call the Election Committee at (360) 716-4283 or email at ElectionCommittee@TulalipTribes-nsn.gov

Absentee ballot requests forms will not be honored after October 15, 2020 at 4:00PM

SOCIAL DISTANCING AND MASK WILL BE REQUIRED AT ALL TIMES.



INSTRUCTIONS for COVID-19 Assistance Application Form

The Tulalip Tribes has developed the COVID-19 Assistance Program to provide emergency economic assistance to enrolled Tribal members who have experienced financial hardships during the COVID-19 pandemic, utilizing CARES Act funding from the federal government, and also meet the tax-exempt Tribal General Welfare Exclusion Act requirements. Combined, these federal regulations and funding require an assessment of general welfare need of individual members, and this application and the Tribal member certification to document your need. Below are some general instructions for completing your application.

1. Fill out the application for all enrolled Tulalip tribal members in your household, as well as individuals who are eligible for enrollment as of June 30, 2020, were alive as of June 30, 2020, and who will be enrolled by August 31, 2020, ("Eligible Tribal Member Children"). The Tribe will make payments to each adult, and as applicable, one adult in the household will receive a payment that includes the tribal member children, as has been the case for other tribal distributions.
2. If you do not have any enrolled or eligible tribal member children, and you are a single, tribal member adult, fill out the application for yourself and leave the rest blank.
3. If you are a non-member that has legal custody or guardianship of enrolled or eligible tribal member children, please fill out the Head of Household information, and leave the Tribal Enrollment Number blank. If the Tribe already has records of your legal custody or guardianship records, you do not need to submit them again with this form.
4. In Part 2, please check any and all boxes that you have or are experiencing, and if you have a financial hardship not listed, please include in the "Other unanticipated costs due to COVID-19" and provide a brief description.
5. Your certification is critical to your eligibility and tax-exemption, therefore ensure you are able to verify your circumstances and data should the federal government and/or IRS request additional information.
6. The form is a fillable PDF form, you may download the application from the Tulalip Tribes' website at [.You must sign the application. Completed applications can be sent by email to: caresact@tulaliptribes-nsn.gov, or by U.S. Mail, addressed to Tulalip Tribes Admin Bldg 6406 Marine Drive, Tulalip, WA 98271, or dropped off with the CSR Desk at the Admin Building, 6406 Marine Drive, Tulalip, WA 98271.](https://www.tulaliptribes-nsn.gov)
7. The Tribe will verify tribal member enrollment and that there are needs identified in Part 2 for approval of the COVID-19 Member Assistance to be distributed.
8. Should you have the circumstance that you were not eligible for this assistance it is not needed, please return the funds by September 30, 2020, by emailing a check or money order to: Tulalip Tribes Admin Bldg, 6406 Marine Drive, Tulalip, WA 98271

SUBMISSION DEADLINE BY:

Checks will be mailed to the address listed on your application. Checks may take up to two weeks after your application has been received.

Applications received or postmarked after midnight November 23, 2020 will NOT be processed.



COVID-19 Assistance Application Form

The COVID-19 Assistance Program is designed to provide economic assistance to enrolled Tribal members who have experienced financial hardships due to the effects of the COVID-19 pandemic. Funding of this program is in accordance with the federal CARES Act Relief Fund and is non-taxable as a Tribal general welfare assistance program. Please refer to the Tribe's COVID-19 Assistance Program Policy for details on eligibility and use of this assistance. A copy of this policy is available upon request.

DISTRIBUTIONS: Checks will be mailed to the address listed on your application. Checks may take up to two weeks after your application has been received.

APPLICATIONS RECEIVED OR POSTMARKED AFTER MIDNIGHT ON NOVEMBER 23, 2020 WILL NOT BE PROCESSED.

Download application from:

Applications can be dropped off with the CSR Desk at the Admin Building.

Email Application to: caresact@tulaliptribes-nsn.gov

Mail Application to: Tulalip Tribes Admin Building, 6406 Marine Dr, Tulalip, WA 98271

PART 1 – APPLICANT INFORMATION

Applicant Name _____

DOB ____/____/____ Tribal Enrollment No. _____ Social Security No. ____/____/____

Contact Phone No. _____ Email _____

Mailing Address _____ City _____

State _____ Zip Code _____

Physical Address _____ City _____

(if different than mailing)

State _____ Zip Code _____

Additional Tribal Members in Household

NAME	Relationship	DOB	Enrollment No.	Soc Sec No.

Any children subject to court order for custody or guardianship? ☐ Yes ☐ No

If yes, attach court orders for custody or guardianship if not on file with the Tribe.

PART 2 – ECONOMIC NEED

Between April 1, 2020 and November 23, 2020, I/we have experienced/expect to experience the following (check all that apply) economic impacts caused by the COVID-19 Pandemic:

- | | |
|--|---|
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Reduced employment |
| <input type="checkbox"/> Increased utility costs | <input type="checkbox"/> Increased food costs |
| <input type="checkbox"/> Increased household cleaning costs | <input type="checkbox"/> Increased medical expenses |
| <input type="checkbox"/> Increased personal care costs for personal protective equipment and other protective measures | <input type="checkbox"/> Increased costs for telework, looking for work or children's distance learning |
| <input type="checkbox"/> Loss of self-employment/business income | <input type="checkbox"/> Transportation costs for medical testing and procedures |
| <input type="checkbox"/> Housing cost increase, foreclosure, eviction, rent | <input type="checkbox"/> Other unanticipated costs due to COVID-19: |
| <input type="checkbox"/> Health care costs, unreimbursed prescriptions, supplements, counseling | List _____ |
| <input type="checkbox"/> Increased costs for isolation or quarantine due to positive test or COVID-19 exposure | _____ |

PART 3 – CERTIFICATION

I/we certify that the funds I/we received from the Tribe shall be used for the economic impacts of COVID-19 for me (and/or my family) that I/we have and are experiencing. I/we certify I/we meet the Tribal member COVID-19 Assistance Program requirements, and the information contained herein is true and correct to the best of my/our knowledge. I/we agree that if I/we do not use these funds in compliance with the Tribe's COVID-19 Assistance Program, I/we will repay the funds to the Tulalip Tribes.

I also certify that I have physical custody and/or legal guardianship for the above-named children.

Applicant Signature _____ Date ____/____/____

Other Tribal Member Adult Signature _____

Member Signature _____ Date ____/____/____

OFFICIAL USE

Date Received ____/____/____ Reviewed by _____ Date reviewed ____/____/____

Eligible Adults _____ Eligible Children _____



Application for Housing/Utilities Assistance through the CARES Act Funding

PLEASE ATTACH A COPY OF YOUR TRIBAL ID

Applying For: ☐ Utilities Assistance ☐ Rent/Mortgage Assistance

OFFICE USE ONLY:

Application Received:

Name: _____

Date: _____

Received By: _____

NOTE: You must attach a copy of your mortgage/rent invoice and/or utilities bill depending on the type of assistance you are requesting. Information provided on this application is subject to verification. You will be determined eligible or ineligible based on the information you provide in this application.

APPLICANT INFORMATION:

First Name: _____ Last Name: _____ M.I.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Message No.: _____

HOUSEHOLD COMPOSITION: List the Head of Household and ALL persons living in the home.

First Name	Last Name	Relationship	Birth Date	Tribal ID	
		Self			

INCOME INFORMATION: List below all sources of income for every family member. Include all income: such as wages, public assistance, TANF, all benefit payments, net income from a business, child support, fishing income, PER CAPITA payments, etc.

Family Member	Source of Income	Amount	Payment Basis (Weekly, Monthly, Etc.)





Application for Housing/Utilities Assistance (Continued)

ADDITIONAL INFORMATION: Please state how the COVID Pandemic affected your household (Furlough, Reduced hours, loss of job, or increased expenses, please explain and attach proof)

Has anyone in your household received assistance from the CARES Act?
If yes, please explain:

APPLICATION CERTIFICATION: I/ We certify that all information provided in this application is true, complete and accurate to the best of my knowledge. I/We authorize the Tulalip Tribes Housing Department to verify all information provided on this application. I/We understand that supplying false information may result in denial and/or termination of assistance.

Date: _____ Head of Household Signature: _____

Date: _____ Other Adult Signature: _____

Please be aware that by emailing this form you are sending your information to an unencrypted email at your own risk.
You can opt to fax your information to 360-716-0130.

HOUSING DEPARTMENT USE ONLY

☐ Indian Housing Plan Abbreviated

☐ Indian Community Block Grant

☐ Non-Program Funds

Eligibility Determination: ☐ Approved

☐ Ineligible

If ineligible, please state why: _____

Date: _____ Determination Made By: _____

Date: _____ Approved By: _____





Tulalip Housing COVID-19 Consent for Release of Information (ROI)

Client Name

____/____/____
Client Date of Birth

I hereby authorize the exchange of confidential information specified below between:

INFORMATION TO BE RELEASED FROM:

☐ Tulalip Housing Department

INFORMATION TO BE RELEASED TO:

☐ Any Tulalip Tribal Department with
COVID-19 services

I understand that my records are protected under the federal and state confidentiality regulations (42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act (HIPAA, 45 CFR, part 164).

I also understand that I may revoke this consent at any time, if done in writing, except to the extent that action has been taken in reliance of it. I further acknowledge that the information to be released has been fully explained to me and this consent is given of my own free will.

Print Name

Signature

____/____/____
Today's Date

This authorization will expire 1 year from the date entered here _____. If no date is entered, release will automatically expire in 6 months of the date signed.

Notice of Redisclosure of Confidential Information

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, part 2). The federal rules may prohibit you from making any further disclosure of this information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



JAY INSLEE
Governor



STATE OF WASHINGTON
OFFICE OF THE GOVERNOR
P.O. Box 40002 • Olympia, Washington 98504-0002 • (360) 902-4111 • www.governor.wa.gov

**PROCLAMATION BY THE GOVERNOR
AMENDING PROCLAMATION 20-05**

20-25

STAY HOME – STAY HEALTHY

WHEREAS, on February 29, 2020, I issued Proclamation 20-05, proclaiming a State of Emergency for all counties throughout the state of Washington as a result of the coronavirus disease 2019 (COVID-19) outbreak in the United States and confirmed person-to-person spread of COVID-19 in Washington State; and

WHEREAS, as a result of the continued worldwide spread of COVID-19, its significant progression in Washington State, and the high risk it poses to our most vulnerable populations, I have subsequently issued amendatory Proclamations 20-06, 20-07, 20-08, 20-09, 20-10, 20-11, 20-12, 20-13, 20-14, 20-15, 20-16, 20-17, 20-18, 20-19, 20-20, 20-21, 20-22, 20-23, and 20-24, exercising my emergency powers under RCW 43.06.220 by prohibiting certain activities and waiving and suspending specified laws and regulations; and

WHEREAS, the COVID-19 disease, caused by a virus that spreads easily from person to person which may result in serious illness or death and has been classified by the World Health Organization as a worldwide pandemic, has broadly spread throughout Washington State, significantly increasing the threat of serious associated health risks statewide; and

WHEREAS, there are currently at least 2,221 cases of COVID-19 in Washington State and, tragically, 110 deaths of Washingtonians associated with COVID-19; and

WHEREAS, models predict that many hospitals in Washington State will reach capacity or become overwhelmed with COVID-19 patients within the next several weeks unless we substantially slow down the spread of COVID-19 throughout the state; and

WHEREAS, hospitalizations for COVID-19 like illnesses are significantly elevated in all adults, and a sharply increasing trend in COVID-19 like illness hospitalizations has been observed for the past three (3) weeks; and

WHEREAS, the worldwide COVID-19 pandemic and its progression in Washington State continues to threaten the life and health of our people as well as the economy of Washington State, and remains a public disaster affecting life, health, property or the public peace; and

WHEREAS, the Washington State Department of Health continues to maintain a Public Health Incident Management Team in coordination with the State Emergency Operations Center and other supporting state agencies to manage the public health aspects of the incident; and

WHEREAS, the Washington State Military Department Emergency Management Division, through the State Emergency Operations Center, continues coordinating resources across state government to support the Department of Health and local health officials in alleviating the impacts to people, property, and infrastructure, and continues coordinating with the Department of Health in assessing the impacts and long-term effects of the incident on Washington State and its people.

NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, as a result of the above-noted situation, and under Chapters 38.08, 38.52 and 43.06 RCW, do hereby proclaim: that a State of Emergency continues to exist in all counties of Washington State; that Proclamation 20-05 and all amendments thereto remain in effect as otherwise amended; and that Proclamations 20-05, 20-07, 20-11, 20-13, and 20-14 are amended and superseded by this Proclamation to impose a Stay Home – Stay Healthy Order throughout Washington State by prohibiting all people in Washington State from leaving their homes or participating in social, spiritual and recreational gatherings of any kind regardless of the number of participants, and all non-essential businesses in Washington State from conducting business, within the limitations provided herein.

I again direct that the plans and procedures of the Washington State Comprehensive Emergency Management Plan be implemented throughout state government. State agencies and departments are directed to continue utilizing state resources and doing everything reasonably possible to support implementation of the Washington State Comprehensive Emergency Management Plan and to assist affected political subdivisions in an effort to respond to and recover from the COVID-19 pandemic.

I continue to order into active state service the organized militia of Washington State to include the National Guard and the State Guard, or such part thereof as may be necessary in the opinion of The Adjutant General to address the circumstances described above, to perform such duties as directed by competent authority of the Washington State Military Department in addressing the outbreak. Additionally, I continue to direct the Department of Health, the Washington State Military Department Emergency Management Division, and other agencies to identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.

FURTHERMORE, based on the above situation and under the provisions of RCW 43.06.220(1)(h), to help preserve and maintain life, health, property or the public peace, and to implement the Stay Home—Stay Healthy Order described above, I hereby impose the following necessary restrictions on participation by all people in Washington State by prohibiting each of the following activities by all people and businesses throughout

Washington State, which prohibitions shall remain in effect until midnight on April 6, 2020, unless extended beyond that date:

1. **All people in Washington State shall immediately cease leaving their home or place of residence except: (1) to conduct or participate in essential activities, and/or (2) for employment in essential business services.** This prohibition shall remain in effect until midnight on April 6, 2020, unless extended beyond that date.

To implement this mandate, I hereby order that all people in Washington State are immediately prohibited from leaving their home or place of residence except to conduct or participate in (1) essential activities, and/or (2) employment in providing essential business services:

- a. **Essential activities** permitted under this Proclamation are limited to the following:
 - 1) **Obtaining necessary supplies and services** for family or household members and pets, such as groceries, food and supplies for household consumption and use, supplies and equipment needed to work from home, and products necessary to maintain safety, sanitation and essential maintenance of the home or residence.
 - 2) **Engaging in activities essential for the health and safety** of family, household members and pets, including things such as seeking medical or behavioral health or emergency services and obtaining medical supplies or medication.
 - 3) **Caring for** a family member, friend, or pet in another household or residence, and to transport a family member, friend or their pet for essential health and safety activities, and to obtain necessary supplies and services.
 - 4) **Engaging in outdoor exercise activities**, such as walking, hiking, running or biking, but only if appropriate social distancing practices are used.
- b. **Employment in essential business services** means an essential employee performing work for an essential business as identified in the “Essential Critical Infrastructure Workers” list, or carrying out minimum basic operations (as defined in Section 3(d) of this Order) for a non-essential business.
- c. **This prohibition shall not apply to** individuals whose homes or residences are unsafe or become unsafe, such as victims of domestic violence. These individuals are permitted and urged to leave their homes or residences and stay at a safe alternate location.
- d. **This prohibition also shall not apply to** individuals experiencing homelessness, but they are urged to obtain shelter, and governmental and other entities are strongly encouraged to make such shelter available as soon as possible and to the maximum extent practicable.

- e. For purposes of this Proclamation, homes or residences include hotels, motels, shared rental units, shelters, and similar facilities.
- 2. **All people in Washington State shall immediately cease participating in all public and private gatherings and multi-person activities for social, spiritual and recreational purposes, regardless of the number of people involved, except as specifically identified herein.** Such activity includes, but is not limited to, community, civic, public, leisure, faith-based, or sporting events; parades; concerts; festivals; conventions; fundraisers; and similar activities. This prohibition also applies to planned wedding and funeral events. This prohibition shall remain in effect until midnight on April 6, 2020, unless extended beyond that date.

To implement this mandate, I hereby order that all people in Washington State are immediately prohibited from participating in public and private gatherings of any number of people for social, spiritual and recreational purposes. **This prohibition shall not apply** to activities and gatherings solely including those people who are part of a single household or residential living unit.

- 3. **Effective midnight on March 25, 2020, all non-essential businesses in Washington State shall cease operations except for performing basic minimum operations. All essential businesses are encouraged to remain open and maintain operations, but must establish and implement social distancing and sanitation measures established by the United States Department of Labor or the Washington State Department of Health Guidelines.** This prohibition shall remain in effect until midnight on April 8, 2020, unless extended beyond that date.

To implement this mandate, I hereby order that, effective midnight on March 25, 2020, all non-essential businesses in Washington State are prohibited from conducting all activities and operations except minimum basic operations.

- a. **Non-essential businesses** are strongly encouraged to immediately cease operations other than performance of basic minimum operations, but must do so no later than midnight on March 25, 2020.
- b. **Essential businesses** are prohibited from operating under this Proclamation unless they establish and implement social distancing and sanitation measures established by the United States Department of Labor's Guidance on Preparing Workplaces for COVID-19 at <https://www.osha.gov/Publications/OSHA3990.pdf> and the Washington State Department of Health Workplace and Employer Resources & Recommendations at <https://www.doh.wa.gov/Coronavirus/workplace>.
- c. **This prohibition does not apply** to businesses consisting exclusively of employees or contractors performing business activities at their home or residence, and who do not engage in in-person contact with clients.

- d. For purposes of this Proclamation, minimum basic operations are the minimum activities necessary to maintain the value of the business' inventory, preserve the condition of the business' physical plant and equipment, ensure security, process payroll and employee benefits, facilitate employees of the business being able to continue to work remotely from their residences, and related functions.

This Proclamation shall not be construed to prohibit working from home, operating a single owner business with no in-person, on-site public interaction, or restaurants and food services providing delivery or take-away services, so long as proper social distancing and sanitation measures are established and implemented.

No business pass or credentialing program applies to any activities or operations under this Proclamation.

Violators of this of this order may be subject to criminal penalties pursuant to RCW 43.06.220(5).

Signed and sealed with the official seal of the state of Washington on this 23rd day of March, A.D., Two Thousand and Twenty at Olympia, Washington.

By:

/s/
Jay Inslee, Governor

BY THE GOVERNOR:

/s/
Secretary of State